



RCG/1FW

PTO/SB/21 (08-00)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/622,492
		Filing Date	07/21/2003
		First Named Inventor	Karen JACKSON
		Group Art Unit	1614
		Examiner Name	Rebecca Cook
Total Number of Pages in This Submission	20	Attorney Docket Number	330499.00009

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination Transmittal (RCE).
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Remarks</div> <div style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Andrew J. Bateman, Registration No. 45,573
Signature	
Date	06/30/2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____

Typed or printed name		
Signature		Date



FEE TRANSMITTAL for FY 2006

Effective 10/01/2005. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **790.00**

Complete if Known

Application Number	10/622,492
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First Named Inventor	Karen JACKSON
Examiner Name	Rebecca Cook
Art Unit	1614
Attorney Docket No.	330499.00009

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None
 Deposit Account:

Deposit Account **50-1710**
 Account Name **KATTEN MUCHIN ROSENMAN, LLP**

The Director is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge above Deposit Account with any additional fees necessary UNDER 37 CFR 1.16 AND/OR 1.17 to maintain pendency of this application.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 300	2001 150	Utility Filing Fee	
1111 500	2111 250	Utility Search Fee	
1311 200	2311 100	Patent Examination Fee	
SUBTOTAL (1)		(\$)	0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee	Fee Paid
Total Claims <input type="text"/>	- 20** = <input type="text"/> X <input type="text"/> 50.00 = <input type="text"/>	
Independent <input type="text"/>	- 3** = <input type="text"/> X <input type="text"/> 200.00 = <input type="text"/>	
Multiple Dependent <input type="text"/>	<input type="text"/> 360.00 = <input type="text"/>	

Large Entity	Small Entity	Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	** Reissue independent claims over original patent
1205 50	2205 25	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)
(\$)		0.00

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code \$	Fee Code \$	Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 500	2452 250	Petition to revive - unavoidable (1.17(l))	
1453 1,500	2453 750	Petition to revive - unintentional (1.17(m))	
1501 1,400	2501 700	Utility issue fee (or reissue)	
1502 800	2502 400	Design issue fee	
1503 1,100	2503 550	Plant issue fee	
1460 130	1460 130	Petitions to the Director	
1807 50	1807 50	Processing fee - provisional app (1.17(q))	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 790	2809 395	Filing a submission after final rejection (1.129(a))	
1814 130	2814 65	Statutory Disclaimer	
1801 790	2801 395	Request for Continued Examination (RCE)	790.00
1802 900	1802 900	Req for expedited examination - Design App	
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$)** **790.00**

SUBMITTED BY

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Date: 06/30/2006